

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



April 23, 1990

Letter No:90-38

TO: All County Welfare Directors  
All County Administrative Officers

SUBJECT: STATE BUY-IN PROBLEM REPORTS - DHS 6166 (4/90)

Reference: ACWDL 89-13,89-108

The purpose of this letter is to announce the implementation of the MEDS/Buy-In on-line system effective February 22, 1990 and also notify county staff of the availability of a revised State Buy-In Problem Report form (DHS 6166 (4/90)).

In ACWDL 89-108, county staff were asked to suspend forwarding State Buy-In Problem Reports to the Medicare Buy-In Unit to allow time for system conversion, implementation and testing. Now that the new MEDS/Buy-In on-line system has been implemented, county staff may once again begin to submit Buy-In complaints to the Buy-In Unit for processing after checking current status on MEDS.

Enclosed is a copy of the new Buy-In Problem Report form to be used effective April 2, 1990. The form has been revised to include space for Qualified Medicare Beneficiary (QMB) problem identification as well as instructions for completion on the reverse. The revised form should simplify reporting and ensure that pertinent information is available for timely resolution of Buy-In problems.

Please destroy the old HAS 8 forms and any earlier versions of the DHS 6166 and notify your staff to use only the new DHS 6166 (4/90) form. The form may be ordered from the Department of Health Services warehouse at the address below:

Department of Health Services  
1037 No. Market Boulevard, Suite 9  
Sacramento, CA 95834  
(916) 928-9203

Although the new on-line system may not resolve all existing Buy-In problems, we do expect a significant reduction. Therefore, we strongly suggest that your staff re-evaluate Buy-In problems to see if they still exist prior to submitting Buy-In Problem Reports.

All County Welfare Directors  
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If you have any questions or need additional information regarding the DHS 6166 (4/90) form, please contact Charlotte Gordon at (916) 739-3200.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: April 23, 1991

**STATE BUY-IN PROBLEM REPORT**  
**(Medicare Part A and B)**

 See reverse for Privacy Statement  
 and Instructions for Completing  
 Form

A. BENEFICIARY IDENTIFICATION		B. COUNTY REPRESENTATIVE INFORMATION	
Name (First) _____ (M) _____ (Last) _____	Name _____		
DOB _____ Sex: M _____ F _____	Phone _____ ( ) _____		
Social Security Number _____	County District _____ Worker Number _____		
Medicare/Railroad Claim (HIC) Number _____	Date Submitted _____ Response Requested _____ Yes _____ No _____		
( ) Alien Resident Date of Entry to USA _____	County Mailing Address _____		

**C. PROGRAM ELIGIBILITY/CASE IDENTIFICATION**

	County	Aid	7-Digit Serial Number	FBU	Person Number	Eligibility Date	Approval Date
( ) Medi-Cal							
( ) QMB							

FILL IN BOTH CASE IDENTIFICATION LINES IF MEDI-CAL AND QMB (DUAL ELIGIBLE).

 Remarks—Explain Buy-In Problem  
 ( ) Attachments

**D. STATE USE ONLY:**

- ☐ Medicare Claim No. (HIC) being reported is incorrect. The correct number is: \_\_\_\_\_
- ☐ Accretion confirmed on \_\_\_\_\_ / \_\_\_\_\_ Premium Billing Tape — Effective Date: Part A \_\_\_\_\_ Part B \_\_\_\_\_ QMB \_\_\_\_\_
- ☐ Deletion confirmed on \_\_\_\_\_ / \_\_\_\_\_ Premium Billing Tape — Effective Date: Part A \_\_\_\_\_ Part B \_\_\_\_\_ QMB \_\_\_\_\_
- ☐ Buy-in closed period coverage. Date forwarded \_\_\_\_\_ / \_\_\_\_\_ Effective: \_\_\_\_\_ To: \_\_\_\_\_
- ☐ Medi-Cal card corrected to: ☐ Reflect Medicare indicator 1,2,3 ☐ Remove Medicare indicator 1,2,3
- ☐ Accretion not possible due to: \_\_\_\_\_
- ☐ Medi-Cal ☐ QMB eligibility on MEDS not being reported currently.
- ☐ QMB beneficiary is not currently enrolled for Part A benefits. Have beneficiary go to SSA and apply during general/open enrollment period.
- ☐ QMB Part A benefits terminated effective: \_\_\_\_\_
- ☐ Medi-Cal ☐ QMB beneficiary is not currently enrolled for Part B benefits. Have beneficiary go to SSA and apply.
- ☐ Part B benefits terminated effective: \_\_\_\_\_
- ☐ Please allow 120 days for processing.

Remarks